



WJ GORDON & ASSOCIATES

ACCOUNTING FOR ALL SEASONS

CLIENT TAX PREPARATION ORGANIZER

Thank you for selecting W. J. Gordon & Associates to prepare your tax returns.

Please complete this client organizer to ensure we receive all tax documents/information needed to accurately complete your returns.

****WE ARE ASKING ALL CLIENTS TO PROVIDE THEIR TAX DOCUMENTS BY UPLOADING THEM SECURELY TO SHAREFILE. PLEASE CONTACT OUR OFFICE IF YOU HAVE NOT PREVIOUSLY RECEIVED AN INVITE TO SHAREFILE****

BEST CONTACT PHONE NUMBER _____

TAXPAYER
LAST NAME _____
FIRST NAME _____
CELL PHONE _____
EMAIL ADDRESS _____

SPOUSE
LAST NAME _____
FIRST NAME _____
CELL PHONE _____
EMAIL ADDRESS _____

*****Please provide both taxpayer AND spouse (if applicable) email address & cell phone**

* Have you moved since filing last year's tax return? If YES, provide the move date. _____ AND list new address in the section below.

* Did you sell your home during the tax year? If YES, provide settlement statement and date of sale. _____

* Have you renewed your Driver's License since filing last year's tax return? If YES, provide a copy of your new license.

* Are you a new client? If YES, fill out the information below, provide a prior year Tax Return and copy of your Driver's License(s).

****Both the Taxpayer and Spouse (if applicable) must provide a copy of their Driver's License**

SSN _____
OCCUPATION _____
DATE OF BIRTH _____
WORK PHONE _____
HOME PHONE _____
ADDRESS _____
CITY _____

SSN _____
OCCUPATION _____
DATE OF BIRTH _____
WORK PHONE _____
STATE _____ ZIP _____

FEDERAL FILING STATUS

SINGLE _____ MARRIED FILING JOINTLY _____ MARRIED FILING SEPARATELY _____ HEAD OF HOUSEHOLD _____

QUALIFYING WIDOW(ER)--YEAR SPOUSE DIED _____

CAN TAXPAYER BE CLAIMED AS DEPENDENT OF ANOTHER PERSON? YES _____ NO _____

IF YES, WAS TAXPAYER CLAIMED AS DEPENDENT ON THAT PERSON'S RETURN? _____

CAN SPOUSE BE CLAIMED AS DEPENDENT OF ANOTHER PERSON? YES _____ NO _____

IF YES, WAS SPOUSE CLAIMED AS DEPENDENT ON THAT PERSON'S RETURN? _____

ARE YOU A U.S. CITIZEN , A U.S. NATIONAL OR LAWFULLY PRESENT IN THE UNITED STATES? YES _____ NO _____

PERSONAL INCOME TAX ESTIMATES PAID (NOT withholding) Provide copies of your checks/payments.

DID YOU PAY ESTIMATED TAXES? (***Do not include prior year liability payments) YES _____ NO _____

	Federal Tax Paid	Date Paid	State Tax Paid	Date Paid	Local Tax Paid	Date Paid
1st Quarter Estimate	\$		\$		\$	
2nd Quarter Estimate	\$		\$		\$	
3rd Quarter Estimate	\$		\$		\$	
4th Quarter Estimate	\$		\$		\$	

FINANCIAL INSTITUTION INFORMATION:

IF YOU ARE ENTITLED TO A FEDERAL OR STATE REFUND, PLEASE CHOOSE FROM THE BELOW OPTIONS:

***NOTE: If our office does not receive a copy of a voided check, our office will automatically request a paper refund check (if applicable). We require a voided check be sent to us each year to avoid any errors.**

- _____ Issue a check and mail to client's home
- _____ Direct Deposit into checking account ***Attach copy of voided check
- _____ Credit to next year as prepaid taxes

*****ALL CLIENTS MUST ANSWER THE BELOW SECTION OF QUESTIONS AS REQUIRED BY THE IRS:**

At any time during the year, did you have a financial interest in or signature authority over a financial account(such as a bank account, securities account or brokerage account) located in a FOREIGN country? YES _____ NO _____

At any time during the year, did you buy, receive, sell, exchange or otherwise acquire any financial interest in any virtual currency(this includes cryptocurrencies)? YES _____ NO _____

Did you purchase health insurance through Healthcare.gov? YES _____ NO _____ IF YES, provide Form 1095-A.

DEPENDENT/EIC/CHILD & DEPENDENT CARE CREDIT INFORMATION

FOR EACH DEPENDENT YOU MUST PROVIDE: First & Last Name, SSN, Relationship to TAXPAYER and Date of Birth.

****Please note, we may request a copy of each child's birth certificate if you qualify for certain tax credits.**

****To Claim a Dependent on your tax return, the dependent CANNOT claim themselves if/when filing their own tax return.**

Dependent Information:					
Name:	SSN:	Birthdate:	Relationship:	ChildCare	Amount:

For Child Care Expenses, use the below table.

Child Care Name:	Address:	EIN#:	Amount:

EDUCATION INFORMATION - ANSWER & PROVIDE DOCUMENTS OR FORMS IF APPLICABLE

Is the taxpayer or spouse a full-time student? ____ IF YES, taxpayer, spouse or both? _____

Does the taxpayer or spouse have Qualified Education Expenses? ____ IF YES, provide Form 1098-T.

Did the taxpayer or spouse receive a distribution from an Education Saving Account? ____ IF YES, provide Form 1099-Q.

Are any dependents listed on the return full time or part time college students? ____ IF YES, complete table below.

Dependent Student Information - Please provide Form 1098-T and Form 1099-Q, if applicable					
Name:	School Name:	1098-T Tuition Pd:	1099-Q Amt Recv'd:	Amt of non-tuition Education Exp:	Full-time Part-time
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

PERSONAL INCOME - ANSWER AND PROVIDE DOCUMENTATION OR FORMS IF APPLICABLE

Did you or your spouse receive any of the following forms of income?

1. Employment Income? ____ If yes, please provide Form W-2 from all of your employers.
2. Social Security Benefits? ____ If yes, please provide Form 1099 SSA.
3. Railroad Retirement Benefits? ____ If yes, please provide Form 1099 RRB.
4. Distribution from IRA, Pension, Annuity or other retirement plan? ____ If yes, provide Form(s) 1099-R.
5. Unemployment Compensation or a state or local tax refund? ____ If yes, provide Form(s) 1099-G.
6. Lottery or gambling winnings? ____ If yes, provide Form(s) W-2 G.
7. Interest income from savings, brokerage or other account? ____ If yes, provide Form(s) 1099-INT.
8. Dividend income? ____ If yes, provide Form(s) 1099-DIV.
9. Brokerage/investment accounts (ex. Fidelity, E-Trade, Charles Schwab, etc)? ____ If yes, provide Form(s) 1099-B.
10. Nonemployee Compensation? ____ If yes, provide Form(s) 1099-NEC.
 If you received the 1099-NEC as a single-owner business, complete our Schedule C Organizer.
11. Rental Income? ____ If yes, provide Form(s) 1099-MISC and complete our Schedule E Organizer.
12. Pass-Through Business (LLC, S-Corp) or Trust income? ____ If yes, provide Form(s) K-1.
13. Royalties, prizes, awards or other miscellaneous income? ____ If yes, provide for 1099-MISC.
14. Jury Duty Pay? ____ If yes, provide amount. \$_____
15. Alimony? ____ If yes, provide any court documents along with the following:
 Amount Received - \$_____ Date of Divorce - _____
 Payer's SSN _____ Payer's Name _____
16. Any other taxable income? ____ If yes, provide any tax forms received or relevant information below.

ADJUSTMENTS & DEDUCTIONS TO INCOME--PROVIDE DOCUMENTS OR FORMS IF APPLICABLE

Did you or your spouse have/incur any of the following expenses/deductions?

- 1. Mortgage Interest Paid? ____ If yes, provide Form(s) 1098.
- 2. Property Taxes Paid? ____ If yes, provide Form(s) 1098 or property tax bills.
- 3. CASH charitable contributions? ____
If yes, you MUST provide letter from charity and/or copies of cancelled checks or receipts.
- 4. Donate any goods to a charity? ____
If yes, you MUST provide donation slip showing: DATE, TYPE OF GOODS, AND VALUE
- 5. Educator expenses? ____ If yes, please provide amount/receipts. \$_____
If both taxpayer and spouse are teachers, provide separate information for both.
- 6. Contribution to a Traditional or Roth IRA? ____ Which? Traditional ____ Roth ____
If yes, provide documentation, statements & amount. \$_____
- 7. Student Loan Interest? ____ If yes, provide Form 1098-E or other documentation from lender.
- 8. HSA Account? ____ If yes, you MUST provide Forms 1099-SA AND 5498-SA.
- 9. Medical or dental expenses? ____ *****Limitations apply based on income**
If yes, provide receipts, statements or other documentation. May Include: Doctor, Dentist, or Hospital Fees, prescriptions, labs, medical equip/supplies, vision expenses, long-term care fees, etc.
- 10. Your own health insurance policy? (do not include amounts paid through an employer plan) ____
If yes, provide annual premium paid. \$_____
- 11. Casualty or Theft Loss? ____ If yes, please talk to your tax preparer about qualifying losses.
- 12. Did you pay Alimony? ____ If yes, provide any court documents along with the following:
Amount Paid - \$_____ Date of Divorce - _____
Recipient's SSN _____ Recipient's Name _____
- 13. Any other tax related expenses/deductions? ____ If yes, provide documentation and information below.

NOTES (Please include below any additional information that was not listed above or didn't fit in the space provided):
